

**AUTHORITY FOR RELEASE OF MEDICAL & NON-MEDICAL INFORMATION**

I ANN QUILLIGAN ..... [name], born 07-12-1966

of 21 DALE FARM ..... [current address]  
BILLCRICKAM

authorise the release of medical and non-medical information concerning myself and  
my children

PATRICK ..... [name], (born, 17-08-1995)

~~HELEN~~ HELEN (NELLIE) ..... [name], (born, 24-03-2000)

~~BY~~ ..... [name], (born, .....)

..... [name], (born, .....)

..... [name], (born, .....)

to my solicitors, Davies Gore Lomax, 63 Great George Street, Leeds LS1 3BB, and to  
those instructed by my solicitors.

Signed: .....

Dated: 21-05-2009

**Information:**

I have attended hospital at ..... \* HELEN ATTENDS  
GT ORMOND ST HOSPITAL

The consultant was.....

My doctor is.....

of WICKFORD HEALTH CENTRE